



SimLEARNSM
Excellence in Veterans' Healthcare

Newsletter



SimLEARN and Employee Education System (EES) leadership turn the dirt for construction of the new VHA SimLEARN National Simulation Center. (Left to right) Phil Hargreaves, simulation associate director for REI program; Harry Robinson, SimLEARN national program manager; Wilson Ariza, SimLEARN associate director for training; Dr. Manny Dominguez, EES deputy chief learning officer; Dr. Haru Okuda, SimLEARN national medical director; Louise Van Diepen, former VHA chief learning officer; Dr. Lygia Arcaro, SimLEARN national director for nursing programs; Jim Warner, VHA chief learning officer and acting assistant deputy under secretary for health for workforce services; and Leslie Dubow, SimLEARN associate director for gaming. (VA photo by Gerald Sonnenberg)

SimLEARN breaks ground on new National Simulation Center

*By Gerald P. Sonnenberg
EES Marketing and Communication*

ORLANDO, Fla. – Start for the construction for the VHA Simulation, Learning, Education and Research Network (SimLEARN) National Simulation Center (NSC), was recognized Sept. 4 with a special groundbreaking ceremony. The facility is being constructed on the campus of the new Orlando VA Medical Center, located in Lake Nona's Medical City.

Harry Robinson, SimLEARN National Program Manager and the event's emcee, welcomed nearly 100

guests and staff to the event. Special guests included U.S. Senator Bill Nelson of Florida; U.S. Representative Daniel Webster from Florida's 10th District; and Alan Grayson, whose 9th District is the location of the facility; several local community leaders, other representatives and VHA Chief Learning Officer and acting Assistant Deputy Under Secretary for Health for Workforce Services Jim Warner.

The Navy Junior Reserve Officers Training Corps unit from Winter Park High School presented the colors during the National Anthem.

Nelson, Grayson and Webster briefly addressed the audience. The keynote speaker for the event was

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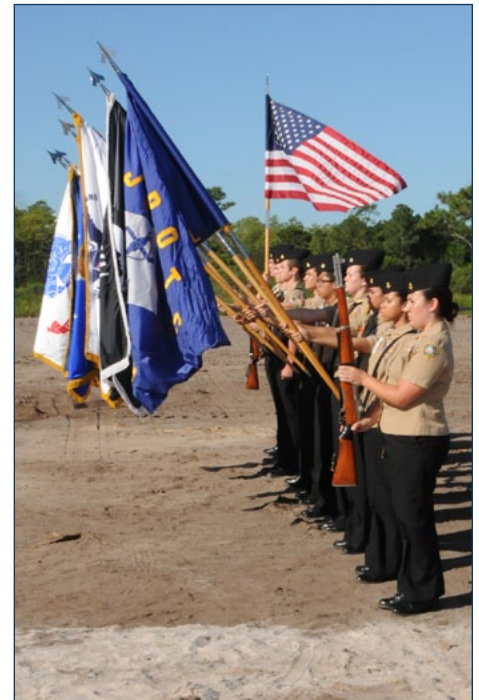
Timothy W. Liezert, director of the Orlando VA Medical Center.

“With credit to Ed Link (inventor of the blue box flight simulator in the 1960s), we are taking the approach of thinking inside the box,” said Robinson. “We have taken an abstract, conceptual solution and found the problem that it will solve. Here at SimLEARN, that is increasing health care provider and clinician skills with the ultimate goal of improving Veteran patient outcomes.”

The SimLEARN program utilizes a train-the-trainer model to quickly and efficiently prepare a cadre of qualified instructors who can, in turn, deliver world-class

simulation-based clinical training at their respective field VA sites, using standardized curricula and equipment. The current NSC is located in leased space with two small simulation rooms. The new 51,000-square-foot facility will have at least 10 classrooms and will be able to accommodate up to 160 students at a time. Construction is expected to take approximately 15 months.

The new center will serve as the operational hub for coordination of all national VA simulation-based clinical training activities. The facility will provide an immersive training environment by replicating actual patient treatment areas, including an outpatient clinic setting, an inpatient/hospital setting



Members of the Navy Junior Reserve Officer Training Corps unit from Winter Park High School present the colors prior to the ceremony. (VA photo by Gerald Sonnenberg)



U.S. Senator Bill Nelson, D-Florida, addresses groundbreaking attendees. Seated left to right are Tim Liezert, Orlando VA Medical Center director, U.S. Congressman Daniel Webster, and Harry Robinson, SimLEARN national program manager. (VA photo by Michael Strickler)

with an intensive care unit, an operating room and more. Video recording of training will take place for classroom review, and multipurpose classrooms will have reconfigurable walls to provide a number of room settings.

The location of the National Simulation Center, with its close proximity to other large clinical, educational and research facilities, will provide enhanced opportunities for collaborations and research in new clinical simulation technologies and methods.

For more information about the VHA SimLEARN program and the National Simulation Center, visit www.simlearn.va.gov. ❖

Secretary McDonald witnesses simulation demonstration at Durham sim center

*By Mary E. Holtschneider, RN; Kevin McNamara, RN; and Chan Park, MD, FAAEM
Durham VA Medical Center*

DURHAM, N.C. – “I thought it was a real emergency so I tried to get out of the way!” was the reaction of VA Secretary Robert A. McDonald when he witnessed an interprofessional simulation depicting an in-hospital cardiac arrest Aug. 28 at the Durham VA Medical Center in North Carolina. Secretary McDonald toured the facility, as well as the simulation center where he saw the demonstration and received a briefing on the basics of simulation learning. Also on display were team dynamics, closed-loop communication, effective cardiopulmonary resuscitation, timely defibrillation, administration of epinephrine and appropriate airway management.

Secretary McDonald asked a variety of questions about the technology, the education and the impact value of simulation. He was also intrigued by the realistic portrayal of the team response and the advanced equipment that allowed for defibrillation, medication administration, intubation and in particular, the use of the simulation mannequin and the video-assisted laryngoscope. SimLEARN initiatives, including Out of Operating Room Airway Management and the Central Venous Catheter Line Placement, programs were also highlighted during his visit.

Dr. Haru Okuda, SimLEARN national medical director, thanked the Durham VA Simulation Team for demonstrating excellence in simulation to Secretary McDonald.

“It is so important for our secretary to understand the great, innovative work that you and other simulation centers in VHA are doing for our workforce, trainees and Veterans,” said Dr. Okuda. ❖



VA Secretary Robert A. McDonald (right) observes a simulation exercise depicting an in-hospital cardiac arrest at the Durham VA Medical Center in North Carolina. (Left to right) Doctors Chan Park; Atilio Barbeito; Heather Volkamer; and Chad Kessler, deputy chief of staff (doing chest compressions) and Mary Holtschneider, RN, conduct the exercise. (VA courtesy photo)

CPR training course helps Veterans teach their families to save a life

By Jacob Corbin

Southeast Louisiana Veterans Health Care System

NEW ORLEANS – A new VA training program here is helping Southeast Louisiana Veterans Health Care System Veterans not only learn to “MOVE!”, but MOVE! safely as well. The training class, provided by Workforce Development in partnership with VA’s MOVE! program, focuses on training Veterans in cardiopulmonary resuscitation (CPR) and providing them with tools to train their friends and family.

“The MOVE! program treats the Veteran holistically and focuses on how we can best help the patient and their family,” said Susan Berryhill, MOVE! program coordinator. “This (CPR training) helps the Veteran and families be prepared to save or sustain a life until emergency help can get there.”



Tammara Kelly, RN (right), trains Veterans how to perform CPR. The other trainers for this event were nurses Susan Berryhill and Barbara Anderson.

Each Veteran attending the class is taught the three basic steps of CPR: shake, shout and start compressions, Berryhill said.

“For the majority of our classes, no one had ever walked them through the basic steps of CPR,” Berryhill said. Now that they know, they’ll be prepared. You never think something is going to happen, until it does. Being prepared can save a life.”

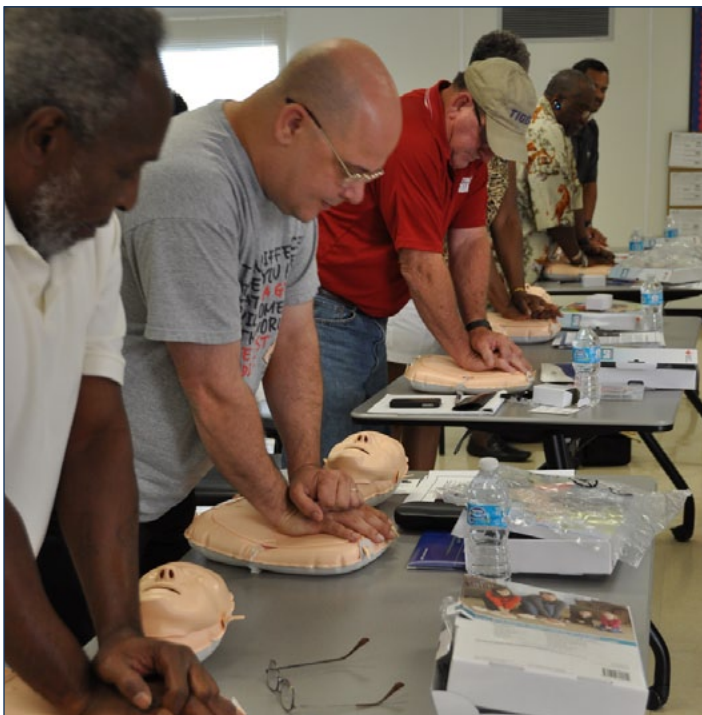
The Veterans were provided with a kit containing a small training mannequin, training DVD and sanitation wipes. Berryhill said the kits, provided by SimLEARN’s Resuscitation Education Initiative (REdI) program, allow the Veterans to practice at home and instruct their family members in the basics of CPR.

Berryhill said the Veterans were very receptive to the class, and couldn’t wait to go home and show their families.

“They thought it was very informative and were really excited,” she said.

In addition to the CPR training, each Veteran was also taught how to use an automated external defibrillator (or AED).

“These days, most locations, such as malls, restaurants or gyms, will have an AED available,” Berryhill said. “It’s important for them to know how to use those as well.” ❖



Veterans practice CPR at the New Orleans VA Medical Center. The training is designed to help Veterans and their families be prepared to save or sustain a life until emergency help can arrive. (VA photos by Joseph Kuper)



A Veteran practices CPR on equipment provided by SimLEARN’s Resuscitation Education Initiative (REdI).

Simulation partnership helps prepare staff to treat homelessness, diabetes

*By Joel Ottoson, MS, MSN, RN-BC
Nurse Educator
Orlando VA Medical Center*

ORLANDO, Fla. – In a continued effort to improve care for Veterans, staff at the Orlando VA Medical Center (OVAMC) are working with Seminole State College of Florida to educate current and future nurses on how to recognize the symptoms of debilitating, but often invisible, conditions that occur in the Veteran population.

The National League for Nursing developed a set of unfolding case studies with simulation scenarios focused on Veteran-centered care. Nursing faculty at Seminole State College originally participated in a nationwide pilot of all four cases with students during the spring of 2013. The Orlando VAMC was asked to provide feedback as to the realism of the scenarios.

The event on July 18 was held in the OVAMC auditorium and was comprised of three separate, one-hour scenarios. The focus was on the Veteran's homelessness, wound care and diabetes. Participants included eight VA Learning Opportunities Residency (VALOR) students and six volunteer nursing students from Seminole State College. The Veteran was played by a volunteer



VALOR student Desiree Leigh works with Veteran "Butch Sampson," a standardized patient portrayed by Roy Johnson, during a scenario. (VA photo by Simon Perez)

standardized patient who was coached and trained prior to the session by college staff. Prior to the simulation, students were provided background information on the Veteran and the simulation itself, the goals, their roles, the issue of Veteran homelessness, Agent Orange as it relates to Veterans and diabetes.

One of the simulations involved "Butch Sampson," a 62-year-old homeless Veteran with documented exposure to Agent Orange during his service time in Vietnam. Butch had a history of diabetes and came to the green team with an infected toe. In a second scenario, Butch returned to the clinic as a follow-up after spending the night at a local shelter, while social services worked on other arrangements. Finally, Butch is seen at a home visit while staying at a friend's house. The green team serves as OVAMC's current point of entry for Veterans not assigned to a Patient-Aligned Care Team. This scenario was chosen because it is similar to situations already encountered.

The simulation was successful based on the feedback from students, and the initial scenario will be used when the patient arrives to the green team for new graduate nurses with limited experience with Veterans. It would provide them an opportunity to incorporate knowledge about the military culture and expose them to challenges in dealing with this population. In the future, social services and physician residents may become involved



VALOR students Lindy Herr (left) and Allyssa Pirlo make a "home visit" to check Veteran Butch Sampson, played by Roy Johnson. (VA photo by Simon Perez)

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VHA directive promotes training to improve survival from cardiac arrest

*By Phil Hargreaves, RN, MSN
Simulation Associate Director for REdI Program*

ORLANDO, Fla. – The Resuscitation Education Initiative (REdI) was established in 2010 as a national program to standardize, document, track and monitor the provisions of cardiopulmonary resuscitation basic life support (BLS), advanced cardiac life support (ACLS) and advanced trauma life support training throughout VHA.

Now, the VA Office of Specialty Care Services and the National Program Director for Cardiology have developed VHA Directive 1177 with the purpose of optimizing patient safety within VA by training appropriate staff on BLS and ACLS.

The directive provides specific details on who is to maintain certification of an approved BLS or ACLS course. The American Heart Association is the recommended resource for obtaining required certification cards, but the Military Training Network is also acceptable.

The directive can be found at www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3029. ❖

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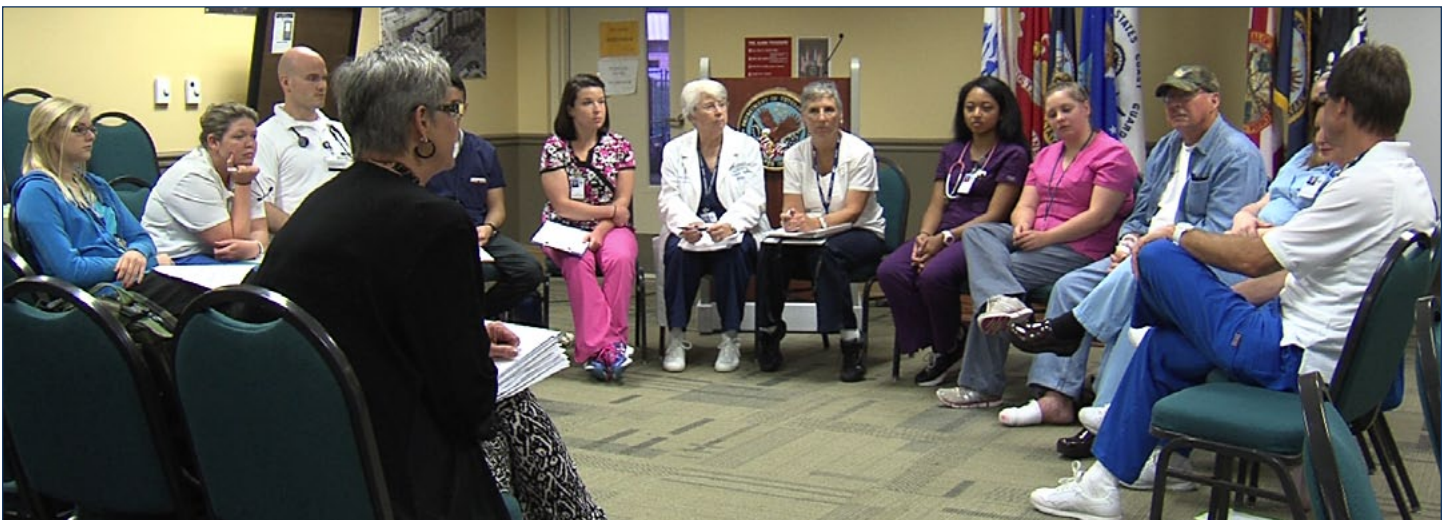
to make it a more multidisciplinary experience.

As the OVAMC and the number of new students and employees grows, it is essential to keep the Veteran at the center as medical tasks are taught. It is also important that nursing and medical schools start to see the Veteran population

as a unique entity and educate new health care providers accordingly.

Marine Corps Veteran Kevan Holland, a student at Seminole State, said, “What we forget and have failed at in realizing is that the military is a sub-culture in itself. It is a warrior’s way of life where honor, courage and commitment comes before self. Where one learns that their mind can push their body

to meet impossible tasks. Where a 19-year-old kid wounded on the battlefield patches himself up and then runs through fire to go start an IO (intraosseous infusion) or pack a wound on a civilian. To examine this, we can better provide the therapies and have a greater effect on target with our interventions. They went above and beyond; nurses are supposed to as well.” ❖



A debriefing took place after the training with (clockwise) Professor Maureen Tremel (in black), Leanne Postlmayer, Angela Ritchey, Keith Trombly, Martin Perry, Amanda Rose, Professor Sharon Saidi, Clinical Educator Joel Ottoson, Desiree Leigh, Emily Tate, Roy Johnson, Katelyn Williams and Tom Brendle. (VA photo by Simon Perez)

Hide and seek part of training medical staff

*By Michelle Ralston, RN, BSN, Clinical Educator
and Janis Kitchen, RHIA, Patient Safety Manager
VA Eastern Kansas Healthcare System*

TOPEKA, Kan. – The VA Eastern Kansas Healthcare System is comprised of campuses at Leavenworth and Topeka. The Topeka campus is very large and has multiple buildings in which inpatient services are provided to include medicine, surgery, behavioral health and community living centers.

In August 2013, a root cause analysis (RCA) was conducted on a patient who went missing from one of these inpatient units. A noted vulnerability discovered during the RCA process was that staff was largely unaware of how to properly conduct a true “missing patient” (vs. “wandering patient”) exercise. The RCA team recommended unannounced drills for every patient care unit, plus the emergency room, to be conducted over a period of up to 12 months, and it would include all shifts.

It was decided to use “Gwendolyn,” a low-fidelity mannequin, to

conduct these exercises. A medical record was created for “Gwen,” a picture was taken and the necessary information placed on the back of her picture. Gwen was placed in a wheelchair and strategically put somewhere in the hospital or on the hospital grounds.

Once positioned, Gwen’s picture was taken to the selected unit to be tested and handed to one of the staff, telling them, “This is a drill. The person in this picture is missing from your unit.”

An evaluator, hidden near Gwen, would then perform a critique about how the unit reacted to the drill. Brian Plooster, acting chief of police, positioned himself close to the activities to watch from his vantage point, as did others. Sometimes Gwen was found, sometimes not. When staff did find Gwen, she had a note pinned on her shirt that said she was unresponsive and without a pulse. She was purposely made a high-risk patient, so a full code orange drill would commence if she wasn’t found. Each time, staff involved were debriefed and asked for their input on ways to improve the process.

Evaluations were passed out at the end of the exercise so staff could see what needed to be improved. By using Gwen, the team was able to combine a missing patient drill with a code blue drill. ❖

Simulation supports anesthesia automated record keeping training at Minneapolis VA

*By David J. Adriansen, Ed.D, NREMT
VISN 23 Simulation Champion
Minneapolis VA Health Care System*

MINNEAPOLIS – During May 2014, twenty-five anesthesiologists and anesthesiologists from the Minneapolis VA Health Care System (MVAHCS) each completed an hour of training on the new Automated Record Keeping (ARK) system. The system uses a high-fidelity patient simulator (HFPS) with simulated patient monitor waveforms to enhance their learning experience.

The MVAHCS is conducting beta testing for a third-generation waveform generator, which provided the learner the opportunity to view real-time waveforms on the patient monitor during an anesthesia induction with the HFPS. This is a first-time use of this specific technology here, and led to a more realistic scenario experience for monitoring and entering patient vitals on the ARK system. An operating room (OR) mock-up was established for the affordability of 24/7 training during the month.



(Left to right) Certified Registered Nurse Anesthetists Jennifer Berg, Paul Portenlanger, Dan Lovinaria and Mark Martens perform anesthesia ARK training. (Photo by April Eilers)

Wanda Teply, chief certified registered nurse anesthetist, organized the training. “This was a first for incorporating simulation to support an OR computer system training,” said Teply. “The training was well received and led to a successful roll out of the ARK in our OR. We look forward to additional training opportunities utilizing simulation as a training methodology.” ❖

Mini-residencies provide women's health practitioner training in Orlando

*By Women's Health Services
Office of Patient Care Services*

ORLANDO, Fla. – The Veterans Health Administration (VHA) trained nearly 250 health care providers in its women's health mini-residency program in Orlando June 17-19 and August 12-14, marking 2,000 providers trained in best practices for women Veterans health care over the past six years.

The innovative program, which incorporates pelvic and breast exam instruction using simulation training equipment and live, trained models, is the result of a collaboration between VHA's Women's Health Services, VHA's Employee Education System (EES), and SimLEARN. The SimLEARN program assists by providing equipment and some staff to conduct training.

Developed by women Veterans health clinical experts, the mini-residency program for primary care providers continues to further VHA's progress in reaching the goal of implementing comprehensive primary care for women at all VHA sites of care. Topics covered in the three-day course included pelvic pain, breast masses, contraception and cervical cancer screening, as well as post-deployment issues and military sexual trauma. Participants rotated through a simulation training lab that is set up at the main conference site, as well as training with standardized patients (live actors) in the simulation center at the University of Central Florida College of Medicine.

In addition to the program for primary care providers this summer, VHA also launched two inter-professional, team-based mini-residency programs for providers and nurses working in primary care and emergency care settings.

There are currently more than 2.2 million living women Veterans. The number of women Veterans using VA health care has more than doubled in the last decade, from nearly 160,000 (fiscal year 2000)



(Left) Akeira Johnson, M.D., VA Great Lakes Health Care System in Milwaukee, trains a clinician on breast exam device. (VA photo by Gerald Sonnenberg)

to more than 360,000 (fiscal year 2012). It is expected that this number will double again in the next 10 years. Due to this rapid growth, ensuring that VA has the best training for its providers is a top priority.

"We launched the primary care provider mini-residencies in 2008 as a way to proactively prepare our clinicians for the record influx of women Veterans," said Patricia Hayes, chief consultant, Women's Health Services. "I am thrilled that we have trained so many providers and see this as a major step towards having every woman Veteran who comes to VA seen by a provider who is both interested and proficient in women's health care."

"Looking forward, we hope to continue to refine and expand our training programs, making them more accessible by utilizing new technologies and other innovative ways to deliver training. We hope to expand inter-professional and team training so that various professions can learn as they would in practice; as part of a team," said Dr. Laure Veet, director, women's health education, VHA Women's Health Services. "We also look forward to refining plans to help clinical staff stay up-to-date on the latest advancements in women Veterans health care after the initial training."

For more information about VA programs and services for women Veterans, please visit: www.va.gov/womenvet and www.womenshealth.va.gov. ❖

SimLEARN Newsletter is a product of the Veterans Health Administration National Simulation Center. The program's operations and management is conducted by the VHA Employee Education System in close collaboration with the Office of Patient Care Services and the Office of Nursing Services. For more information, visit www.simlearn.va.gov or e-mail VASimLEARNGeneralInformation@va.gov.



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